

ARKANSAS INSURANCE DEPARTMENT
 1200 WEST THIRD STREET
 LITTLE ROCK AR 72201
 LICENSE DIVISION PHONE NUMBER: 501-371-2750
 LICENSE DIVISION FAX NUMBER: 501-683-2604
 DEPARTMENT WEBSITE: WWW.INSURANCE.ARKANSAS.GOV

ARKANSAS INSURANCE DEPARTMENT TITLE INSURANCE LICENSE RENEWAL 2008

The enclosed forms must be completed and the forms and payment must be postmarked and mailed to the Department by December 31, 2007. The completed forms must be mailed to the Arkansas Insurance Department at the address shown above. **All payments must be made to the order of the Arkansas Insurance Department.** The forms must be typed, printed or computer generated in the exact same format and must be legible and complete---incomplete forms will be returned. The fees must be on separate checks. In addition, proof of completing your continuing education requirements must be submitted.

Complete forms:

1. **Title Agent Application Form AID-LI-TA (9/07) \$35.00** fee by personal check, money order or cashier's check.
2. **ASP-122 Arkansas State Police Record Check form--\$22.00** fee business check, money order or cashier's check---no personal checks can be accepted. **Make check payable to the Arkansas Insurance Department.**

The Title Agent Applicant Form AID-LI-TA (9/07) must contain the following required information (**Required information is marked in bold**):

Question

1. Social Security Number ---**Required**
2. National Producer Number---Not Applicable---Leave Blank
3. Not Applicable---NASD Individual Central Registration Depository -Leave Blank
4. Financial Institution/Bank---Required---are you an employee of a bank
5. Last Name---**Required**
6. First Name---**Required**
7. Middle Name---**Required**
8. Date of Birth---**Required**
9. Resident Home Address---**Required**---must be physical address no P.O.Box
10. P.O. Box---Not Required
11. City, 12. State, 13. Zip Code---**Required**
14. Not Applicable ---Leave Blank
15. Phone Number---**Required**
16. Gender---**Required**
17. Citizenship Information---**Required**
18. Business Entity Name---**Required**
19. Business Address---**Required**
20. P.O. Box---Optional
21. City, 22. State, 23. Zip Code---**Required**
24. Foreign Country--- Not Applicable---Leave Blank
25. Business Phone Number---**Required**
26. Business Fax Number---**Required**
27. Business E-mail Address---**Required**
28. Business Website---Optional
29. & 30. Applicant's Mailing Address---**Required**---Can be Post Office Box
30. City, 32. State, 33. Zip Code---**Required**
34. Foreign Country---Not Applicable---Leave Blank
35. Assumed Name---**Required**
36. List any Title Agency with which you are associated---**Required**
37. List employment for last 5 years---**Required**
38. For State use only

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39. Questions 1, 2, 3, 4, 5, 6 & 7--- **Required**---If you answer yes, you must attach a written statement and documentation.
40. **Required**---Must be Signed with Full Legal Name

Form ASP-122 ARKANSAS STATE POLICE RECORD CHECK FORM

The form must be typed or printed or computer generated in the exact same format and must be legible and complete---incomplete forms will be returned.

Full Name---Must be full Legal Name---No Nicknames or Initials---**Required**

Maiden Name---if it applies

Date of Birth---**Required**

State of Birth---**Required**--- if born in foreign country write in name of country above the line.

Race---**Required**---use terms---Asian, African American or Black, Hispanic, White or Caucasian or Other

Sex: Gender is **Required**

Social Security Number---**Required**

Driver's License Number---**Required** -----**State of Issue is Required**

Mailing Address---**Required**---**Must be Address Shown on Driver's License**

Daytime Phone Number---**Required**

Signature---**Required**---Must be Full Legal Name---No Nicknames or Initials---**DO NOT SIGN UNTIL YOU ARE BEFORE THE NOTARY.**

Date---**Required**--- **DO NOT DATE UNTIL YOU ARE BEFORE THE NOTARY.**

THE FORM MUST BE NOTARIZED AND THE NOTARY DATE MUST BE THE SAME AS THE DATE OF THE SIGNATURE

Any questions regarding the completion of the forms should be directed to the License Division at 501-371-2750.

Important Information:

1. You will only receive one license and one license number no matter how many title agencies with which you become affiliated.
2. Your license will renew on your date of birth in 2009
3. Your continuing education requirement will be due on your date of birth in 2009
4. There is no grace period on the license renewal if the renewal and the required continuing education is not received prior to the expiration date your license becomes inactive and you cannot conduct business. You will be subject to late renewal fees and late continuing education fees.
5. You can verify your license information on the agent search at the Department's website at www.insurance.arkansas.gov under AID Search Engines—select Agent Search.
6. If you address or e-mail address changes you must notify the Department within 30 days by using the address change form at www.insurance.arkansas.gov/license/divpage.htm select forms.
7. If your name changes due to marriage, divorce, or court order, you must notify the Department by letter and attach copies of the legal documents which enforce the name change.
8. You must be appointed by a Title Company if you are writing title insurance for that company. This is the responsibility of the Title Company to process and pay for the appointment.

Questions regarding the status of your license, license renewal or continuing education should be directed to the Department's License Division at 501-371-2750.

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ARKANSAS INSURANCE DEPARTMENT
TITLE AGENCY INSURANCE LICENSE RENEWAL
2008

The enclosed forms must be completed and the forms and payment must be postmarked and mailed to the Department by December 31, 2007. The completed forms must be mailed to the Arkansas Insurance Department at the address shown above. **All payments must be made to the order of the Arkansas Insurance Department.** The forms must be typed, printed or computer generated in the exact same format and must be legible and complete---incomplete forms will be returned. The fees must be on separate checks. In addition, proof of completing your continuing education requirements must be submitted.

Complete form:

Title Agency Application Form AID-LI-TA (9/07) \$250.00 fee by agency check, money order or cashier's check. The Title Agency Applicant Form AID-LI-TAGY (9/07) must contain the following required information (**Required information is marked in bold**):

Question #

12. Business Entity Name ---**Required**
13. Incorporation/Formation Date---**Required**
14. FEIN--**Required**
15. National Producer Number---not applicable---leave blank
16. NASD firm Central Registration ---not applicable---leave blank
17. List of any other assumed names---**Required**
18. State of Domicile---**Required**
19. Country of Domicile---not applicable---leave blank
20. Bank Affiliated---**Required**
21. Business Address---must be physical address---**Required**
11. City ---**Required**
12. State---**Required**
13. Zip Code---**Required**
14. Foreign Country---not applicable---leave blank
15. Phone Number---**Required**
16. Fax Number---**Required**
17. Business Web Site Address---preferred but not required
18. Business E-Mail Address---**Required**
19. Mailing Address---may be P.O. Box---**Required**
20. P.O. Box---optional
21. City ---**Required**
22. State---**Required**
23. Zip Code---**Required**
24. Foreign Country---not applicable---leave blank
25. List all Licensed Title Agents---**Required**---attach list to application additional space is needed
26. Owners, Partners---**Required**--- attach list to application additional space is needed
27. Legal Business Type---**Required**
28. Questions 1, 2, 3, 4, 5, 6---**Required**---must attach statement and document for yes answers
29. Signature---**Required**

Any questions regarding the completion of the forms should be directed to the License Division at 501-371-2750.

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Important Information:

9. Your license will renew on October 1 of each year.
10. Renewal notices will be mailed to the business 60 days prior to October 1.
11. There is no grace period on the license renewal if the renewal is not received prior to the expiration date your license becomes inactive and you cannot conduct business. You will be subject to late renewal fees.
12. You can verify your license information on the business entity/agency search at the Department's website at www.insurance.arkansas.gov under AID Search Engines—select business entity/agency search.
13. If your address or e-mail address changes you must notify the Department within 30 days by using the address change form at www.insurance.arkansas.gov/license/divpage.htm select forms.
14. If your name changes, you must notify the Department by letter and attach copies of the legal documents which enforce the name change.
15. You must be appointed by a Title Company if you are writing title insurance for that company. This is the responsibility of the Title Company to process and pay for the appointment.
16. Any new Title Agents employed by your agency must be added to the agency license by using form Agency Addition **AID-LI-AGY-ADD** or if the Title Agent leaves your agency you must terminate by using form **AID-LI-UBE-TERM**

Questions regarding the status of your license or license renewal should be directed to the Department's License Division at 501-371-2750.